

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000046679 (1)**  
 1. Corporation Name  
**HUCKY, INC.**



Principal Place of Business <b>1303 HELMSTEAD RD. N. LEHIGH ACRES FL 33936</b>	Mailing Address <b>1303 HELMSTEAD RD. N. LEHIGH ACRES FL 33936</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 237 Joel Blvd.</b>		2a. Mailing Address <b>26 12670 New Brittany Blvd. Ste. 101</b>		3. Date Incorporated or Qualified <b>05/27/1997</b>	
Suite, Apt. #, etc. <b>22 Suite 102</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>65-0757791</b>	
City & State <b>23 Lehigh Acres, FL</b>		City & State <b>28 Fort Myers, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24 33972</b>		Zip <b>29 33907</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>25</b>		Country <b>30 USA</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ROYSTON, ROB STE. 101, 12670 NEW BRITANNY BLVD. FT. MYERS FL 33907</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	11 TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GRAESER, SUSANNE</b>		12 NAME	
STREET ADDRESS <b>P.O. BOX 425</b>		13 STREET ADDRESS <b>237 Joel Blvd.</b>	
CITY-ST-ZIP <b>LEHIGH ACRES FL 33970</b>		14 CITY-ST-ZIP <b>Lehigh Acres, FL 33972</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	21 TITLE <b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GRAESER, JUERGEN</b>		22 NAME	
STREET ADDRESS <b>P.O. BOX 425</b>		23 STREET ADDRESS <b>237 Joel Blvd.</b>	
CITY-ST-ZIP <b>LEHIGH ACRES FL 33970</b>		24 CITY-ST-ZIP <b>Lehigh Acres, FL 33972</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	31 TITLE <b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ENDERLE, GERHARD</b>		32 NAME	
STREET ADDRESS <b>P.O. BOX 425</b>		33 STREET ADDRESS <b>237 Joel Blvd.</b>	
CITY-ST-ZIP <b>LEHIGH ACRES FL 33970</b>		34 CITY-ST-ZIP <b>Lehigh Acres, FL 33972</b>	
TITLE	<input type="checkbox"/> DELETE	41 TITLE <b>Vice-President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME <b>Willi Schwarzmeier</b>	
STREET ADDRESS		43 STREET ADDRESS <b>237 Joel Blvd.</b>	
CITY-ST-ZIP		44 CITY-ST-ZIP <b>Lehigh Acres, FL 33972</b>	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

CR2E034 (10/97)